



Kansas City

THE BENEFIT OF BLUE®

2025 Small Group Product Guide
For Businesses with 2-99 Employees



We've got big plans for your small business



Kansas City

Big Benefits For Businesses of All Sizes

As a small business leader, you know healthy employees are the backbone of your success. And we get it. That's why Blue Cross and Blue Shield of Kansas City (Blue KC) is here to provide you with vital information on how to help your employees feel their best so your business can be at its best, too.

That's the Benefit of Blue®

Local Care and Leading Coverage

Supporting a healthier workforce here in Kansas City and across the region.

With over 85 years of experience working with small businesses in the region, you can count on us to provide you with affordable plan options that can help support your team's well-being.

- Explore new and expanded plan options
- Premium savings with a Health Savings Account (HSA) qualified high deductible health plan
- Choose from a variety of plan options with the BlueSelect Plus network and exclusive access to Spira Care Centers
- Get access to award-winning customer service
- Give us a chance to earn your business and help with a seamless transition



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	Small Group Market Segment — 2-99 Full-time Employees			
	ACA (2-50)	Level Funding ASO (5-99 ENROLLED)	Fully Insured (51-99)	ChamberCHOICE Level Funded ASO (5-99 ENROLLED)
Funding Type	Fully Insured	ASO - Level Funding	Fully Insured	ASO - Level Funding
Employer Application	YES	YES	YES	YES
Employee Application	YES	YES	YES	YES
Employer Size Survey	YES	YES	YES	YES
Participation Requirements	NO (If 2 or more eligible FTEs)	NO	NO	NO
Contribution Requirements	NO	NO	NO	NO
Fully Underwritten	NO	YES	YES	YES
# of Plans Employer Can Offer	3	5	5	6
Effective Dates Available (Monthly)	1st and 15th	1st	1st and 15th	1st
HSA-Compatible Plan Options	YES	YES	YES	YES
ASO Packet Needed	NO	YES	NO	YES
MEDICAL NETWORKS AVAILABLE				
Preferred-Care Blue (PCB) PPO*	YES	YES	YES	YES
BlueSelect Plus (BSP) PPO*	YES	YES	YES	YES
BlueSelect Plus (BSP) EPO	NO	YES	YES	NO
BlueSelect Plus (BSP) with Spira Care EPO*	YES	YES	YES	YES
Pharmacy Networks	RxPremier and RxSelect*	RxPremier	RxPremier	RxPremier
OTHER ANCILLARY PRODUCTS (FULLY INSURED)				
Dental Plan Options	YES	YES	YES	YES
Vision Plan Options	YES	YES	YES	YES
Life Plan Options	YES	YES	YES	YES
COVERAGE CHOICES				
Spira Care	YES (BlueSelect Plus EPO Plan Only)	YES (BlueSelect Plus EPO Plan Only)	YES (BlueSelect Plus EPO Plan Only)	YES (BlueSelect Plus EPO Plan Only)
Behavioral Health Services	INCLUDED	INCLUDED	INCLUDED	INCLUDED
SmartShopper	INCLUDED	INCLUDED	INCLUDED	INCLUDED
Blue KC Virtual Care	INCLUDED	INCLUDED	INCLUDED	INCLUDED

Census Enrollment Available

* BSP PPO plans have RxSelect. BSP Spira Care plans + PCB PPO plans have RxPremier.

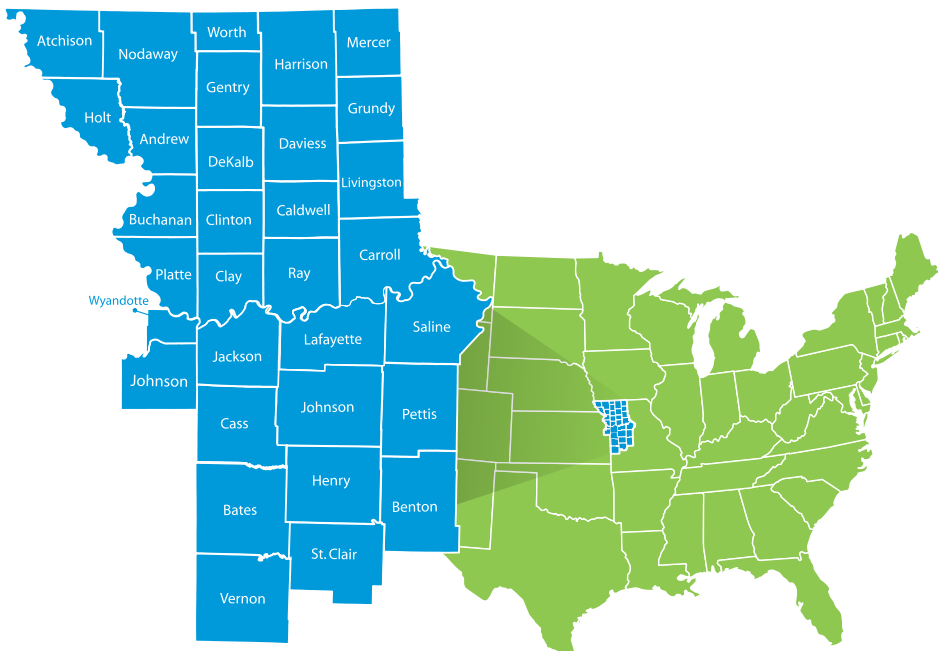
Our Networks

Blue KC understands the importance of access to a variety of healthcare services. When your employees select a Blue KC product, it’s important for them to understand the provider network they have chosen. Our provider contracting team ensures our networks deliver by negotiating rates that help keep care affordable while also ensuring each provider meets Blue KC’s standards for care.

Preferred-Care Blue® (PPO)

As the industry landscape changes and other carriers adjust their networks, Blue KC continues to lead the market in PPO network accessibility. When having the freedom to choose is at a premium, our premium network offering is built to exceed your employees’ highest expectations.

For employees who want more doctors, more hospitals and more healthcare choices, Preferred-Care Blue (PPO) offers your employees the largest selection of providers within the Blue KC 32-county service area.



Preferred-Care Blue	<div></div> The largest selection within the Blue KC 32-county service area with 50+ in-network hospitals, 6,800+ in-network providers and national and worldwide PPO accessibility. PPO: Extended out-of-network benefits provide some coverage, but higher-out-of-pocket costs will apply. Benefits outside of the 50+ hospitals and 6,800+ providers are considered out-of-network and are subject to the plan’s allowable charge. Out-of-network providers may bill for the remaining balance.
BlueCard Network	<div></div> Employees have access to the BlueCard network which offers coverage nationwide. Cost applies toward annual deductible. Outside of the U.S., employees have access to doctors and hospitals in nearly 200 countries and territories through the BCBS Global Core program.

BlueSelect Plus (PPO or EPO)

When savings is just as important as having care close to home. The BlueSelect Plus network is specially designed for sustainable savings and easy access to quality healthcare in and around the Kansas City metro area in the 7 county service area. Small businesses that switch to the BlueSelect Plus network could pocket some big savings.

To choose a BlueSelect Plus plan, companies must be headquartered in the 12-county region listed below, and members must live in one of these counties:

Missouri:

Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell

Kansas:

Johnson, Wyandotte

AND

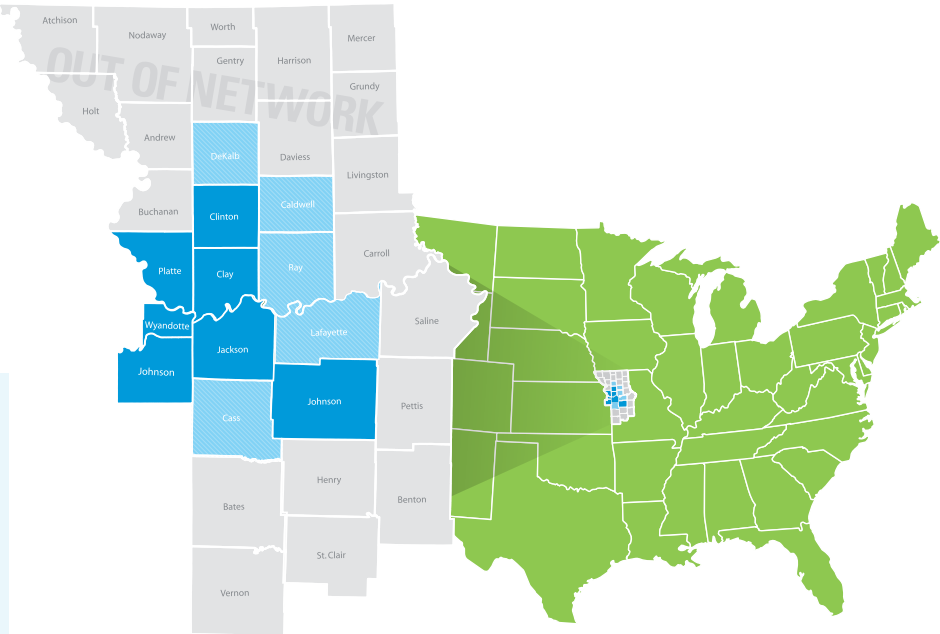
Seek care from any of the 5,400+ providers and 16 hospitals located in these counties:

Missouri:

Clinton, Clay, Jackson, Johnson, Platte

Kansas:

Johnson, Wyandotte




In-Network Hospitals:

- AdventHealth Shawnee Mission
- AdventHealth College Boulevard
- AdventHealth South Overland Park
- Cameron Regional Medical Center
- Children’s Mercy Kansas City
- Children’s Mercy Kansas City – South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Providence Medical Center
- St. Joseph Medical Center
- St. Mary’s Medical Center
- University Health Truman Medical Center
- University Health Lakewood Medical Center
- University of Kansas Health System
- Western Missouri Medical Center

BlueSelect Plus Network	<div> In-network coverage if employees live in any of these counties in the Kansas City metro area.</div> <div>AND</div> <div> Employees have in-network coverage when seeking care from any of the 5,400+ providers and 16 hospitals in the network.</div> <p>All other hospitals and their providers in the Kansas City metro area that are not in the BlueSelect Plus network (shown in light blue and grey) are considered out-of-network. Emergency services are always covered at the in-network cost share. Cost applies toward annual deductible.</p>
BlueCard Network	<div> Employees have access to the BlueCard network which offers coverage nationwide. Cost applies toward annual deductible. Outside of the U.S., employees have access to doctors and hospitals in nearly 200 countries and territories through the BCBS Global Core program.</div>
Out-of-Network	<div> EPO: NO out-of-network coverage except for emergency services. If employees seek care out-of-network for non-emergency services they will be responsible for 100% of the costs associated with that care and will be billed in full. Out-of-network benefits are subject to the plan’s allowable charge.</div> <div>PPO: Extended out-of-network benefits provide some coverage, but higher-out-of-pocket costs will apply. Out-of-network benefits are subject to the plan’s allowable charge. Out-of-network providers may bill for the remaining balance.</div>

BlueSelect Plus (EPO) + Spira Care™

Spira Care is an advanced primary care model that gives your employees easy, convenient access to the primary care services they need—and the time they need with their physician and Care Team. We recognize that certain circumstances call for outside care—like seeing a specialist, long-term behavioral health support or being admitted to a hospital. See page 8 for more details on Spira Care.




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Kansas: Johnson, Wyandotte

AND



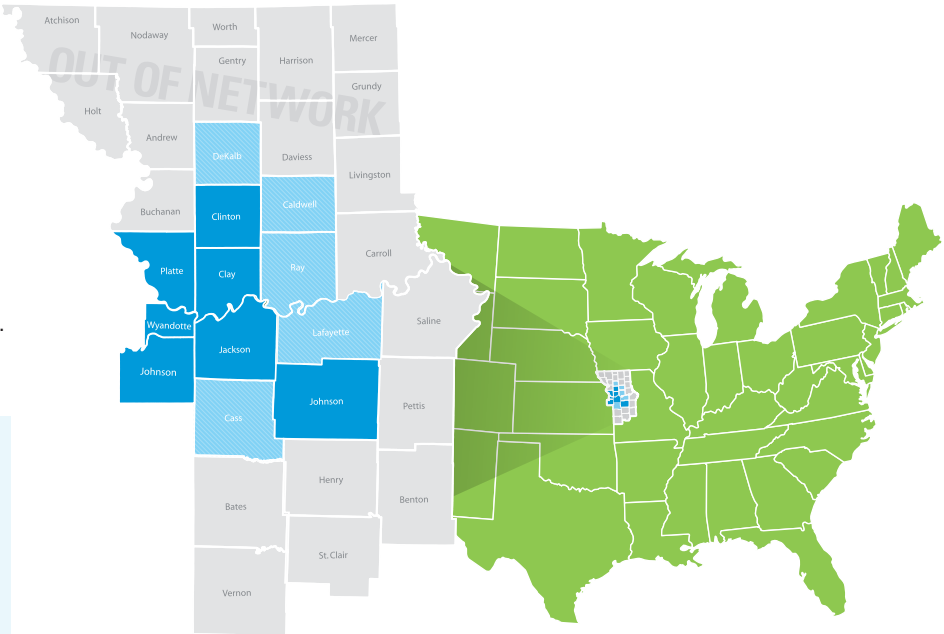
Seek care from any of the 5,400+ providers and 16 hospitals located in these counties:

Missouri: Clinton, Clay, Jackson, Johnson, Platte





Kansas: Johnson, Wyandotte

In-Network Hospitals:

- AdventHealth Shawnee Mission
- AdventHealth College Boulevard
- AdventHealth South Overland Park
- Cameron Regional Medical Center
- Children’s Mercy Kansas City
- Children’s Mercy Kansas City – South
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Providence Medical Center
- St. Joseph Medical Center
- St. Mary’s Medical Center
- University Health Truman Medical Center
- University Health Lakewood Medical Center
- University of Kansas Health System
- Western Missouri Medical Center



Your employees will have access to BlueSelect Plus within the Kansas City metro area which includes a network of 16 hospitals specially designed for sustainable savings and easy access to healthcare in and around the Kansas City metro area in the 7-county service area.

BlueSelect Plus Network	<div> In-network coverage if employees live in any of these counties in the Kansas City metro area.</div> <p>AND</p> <div> Employees have in-network coverage when seeking care from any of the 5,400+ providers and 16 hospitals in the network.</div> <p>All other hospitals and their providers in the Kansas City metro area that are not in the BlueSelect Plus network (shown in light blue and grey) are considered out-of-network. Emergency services are always covered at the in-network cost share. Cost applies toward annual deductible.</p>
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Life and Disability

Stay Competitive in the Marketplace

Life is not predictable and can prove to be challenging to any employee at any given time. Protecting employees to help deal with those challenges is an expected offering in today's workforce.

Flexible solutions to help attract and retain a talented workforce.

Blue Cross and Blue Shield of Kansas City (Blue KC) has partnered with Principal and USABLE Life who are experts in offering flexible, affordable and competitive products for your employees including Term Life, Voluntary Life, Short-Term Disability and Long-Term Disability, Accident and Critical Illness insurance.



Life and Disability

Principal offers Term Life, Voluntary Life, Short-Term Disability, Long-Term Disability, Accident and Critical Illness insurance. Principal also offers online benefits administration programs, no matter the size of company or budget.



Small Group Life and Disability

USABLE Life offers Small Group Plans for Life/Accidental Death and Dismemberment and Long-Term Disability. Their full range of group, voluntary and supplemental products protect your employees on all fronts.



2025 Dental Rates

Small Group (2-99) Preventive Not Applying to Calendar Year Maximum



All Plans Include Access to All Networks

Blue Dental PPO Provider Network

Access to 1,100+ local in-network providers offering the highest discount level, resulting in the lowest out-of-pocket costs for covered services. Outside the Blue KC service area, members have access to the GRID Blue Cross Blue Shield National Network including 340,000+ access points nationwide.

Blue Dental Choice Provider Network

Largest access to in-network providers with 1,500+ local providers. Outside the Blue KC service area, members have access to the GRID+ Blue Cross Blue Shield Network including 391,000 access points nationwide.

Small Group Dental Plans have no waiting periods for Type I-IV services.

All rates based on number of enrolled employees. Plan summaries and rates are available in Blue Q for new business. All plans have a \$50 (individual)/\$150 (family) calendar year deductible for each covered person for Type II and Type III services. BlueDental Plus and BlueDental Preferred plans combine the calendar year deductible for Type II and Type III services.

BlueDental PPO Includes Type I and Type II services	Enrolled EEs	EE	EE+SP	EE+CH	FAM
PPO: 100/80 Choice: 100/70 OON: 80/60 \$1,000 Annual Max	2-9	\$22.90	\$45.90	\$59.00	\$86.40
	10-74	\$21.00	\$42.00	\$54.00	\$79.30
	75-99	\$19.20	\$38.50	\$49.40	\$72.70

BlueDental Plus Includes Types I, II and III services	Enrolled EEs	EE	EE+SP	EE+CH	FAM
PPO: 100/80/50 Choice: 100/70/50 OON: 80/60/40 \$1,000 Annual Max	2-9	\$32.80	\$65.60	\$72.10	\$109.30
	10-74	\$29.50	\$59.00	\$64.90	\$98.40
	75-99	\$26.50	\$53.20	\$58.50	\$88.50
PPO: 100/80/50 Choice: 100/70/50 OON: 80/60/40 \$1,500 Annual Max	2-9	\$35.50	\$71.10	\$77.60	\$118.00
	10-74	\$32.30	\$64.50	\$70.30	\$107.10
	75-99	\$29.30	\$58.60	\$64.00	\$97.30
PPO: 100/90/60 Choice: 100/80/50 OON: 80/60/40 \$1,000 Annual Max	2-9	\$33.30	\$66.50	\$73.30	\$111.00
	10-74	\$30.00	\$59.90	\$66.10	\$100.10
	75-99	\$27.10	\$54.10	\$59.60	\$90.20
PPO: 100/90/60 Choice: 100/80/50 OON: 80/60/40 \$1,500 Annual Max	2-9	\$36.00	\$72.00	\$78.70	\$119.70
	10-74	\$32.70	\$65.50	\$71.50	\$108.80
	75-99	\$29.80	\$59.50	\$65.00	\$99.00

BlueDental Preferred with Orthodontics Includes Types I, II, III and IV services	Enrolled EEs	EE	EE+SP	EE+CH	FAM
PPO: 100/80/50/50 Choice: 100/70/50/50 OON: 80/60/40/40 \$1,000 Annual Max	10-74	\$29.50	\$59.00	\$80.40	\$113.80
	75-99	\$26.50	\$53.20	\$74.00	\$104.10
PPO: 100/80/50/50 Choice: 100/70/50/50 OON: 80/60/40/40 \$1,500 Annual Max	10-74	\$32.30	\$64.50	\$85.90	\$122.70
	75-99	\$29.30	\$58.60	\$79.50	\$112.80
PPO: 100/90/60/50 Choice: 100/80/50/50 OON: 80/60/40/40 \$1,000 Annual Max	10-74	\$30.00	\$59.90	\$81.60	\$115.50
	75-99	\$27.10	\$54.10	\$75.10	\$105.80
PPO: 100/90/60/50 Choice: 100/80/50/50 OON: 80/60/40/40 \$1,500 Annual Max	10-74	\$32.70	\$65.50	\$87.00	\$124.30
	75-99	\$29.80	\$59.50	\$80.60	\$114.50

Find out more about our competitive dental options. Contact your broker or Blue KC representative.

2025 Vision Rates

Blue Vue Small Group Vision Plans



In-Network	Routine Exam	Retinal Imaging	Frames	Std Plastic Lenses ¹	Contact Lens Exam	Contact Lenses ²	Rates	
Blue Vue Base	\$0	Up to \$39	35% off Retail	\$50/\$70/\$105	100% Member Responsibility	15% off Retail/100% Member Responsibility	EE	\$2.18
							EE+SP	\$3.92
							EE+CH	\$4.03
							EE+Fam	\$7.63
Blue Vue 10/100	\$10	Up to \$39	\$100 Allowance ³	\$25/\$25/\$25	Std Lens: to \$55 Allowance ⁴	\$115 Allowance ⁵	EE	\$5.17
							EE+SP	\$9.31
							EE+CH	\$9.56
							EE+Fam	\$18.10
Blue Vue 10/130	\$10	Up to \$39	\$130 Allowance ³	\$25/\$25/\$25	Std Lens: to \$55 Allowance ⁴	\$130 Allowance ⁵	EE	\$5.80
							EE+SP	\$10.44
							EE+CH	\$10.73
							EE+Fam	\$20.30
Blue Vue 0/130	\$0	Up to \$39	\$130 Allowance ³	\$10/\$10/\$10	Std Lens: to \$55 Allowance ⁴	\$130 Allowance ⁵	EE	\$6.94
							EE+SP	\$12.49
							EE+CH	\$12.84
							EE+Fam	\$24.29
Blue Vue 10/150	\$10	Up to \$39	\$150 Allowance ³	\$25/\$25/\$25	Std Lens: to \$55 Allowance ⁴	\$150 Allowance ⁵	EE	\$6.99
							EE+SP	\$12.58
							EE+CH	\$12.93
							EE+Fam	\$24.47
Blue Vue 0/150	\$0	Up to \$39	\$150 Allowance ³	\$0/\$0/\$0	Std Lens: to \$55 Allowance ⁴	\$150 Allowance ⁵	EE	\$8.82
							EE+SP	\$15.88
							EE+CH	\$16.32
							EE+Fam	\$30.87
Blue Vue 10/200	\$10	Up to \$39	\$200 Allowance ³	\$10/\$10/\$10	Std Lens: to \$55 Allowance ⁴	\$200 Allowance ⁵	EE	\$9.59
							EE+SP	\$17.26
							EE+CH	\$17.74
							EE+Fam	\$33.57
Blue Vue 0/200	\$0	Up to \$39	\$200 Allowance ³	\$0/\$0/\$0	Std Lens: to \$55 Allowance ⁴	\$200 Allowance ⁵	EE	\$10.89
							EE+SP	\$19.60
							EE+CH	\$20.15
							EE+Fam	\$38.12

¹ Single Vision/Bifocal/Trifocal

² Conventional/Disposable

³ 20% off balance over Allowance

⁴ Premium Lens: 10% off Retail

⁵ Conventional: 15% off balance >Allowance; Disposable: 100% member responsibility >Allowance; Medically Necessary: \$0 Copay See Benefits Summaries for Out-of-Network benefits.

Limits: Routine Exam: 1 per 12 months; Frames: 1 per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 per 12 or 24 months (check plan details).

Large Group rates are available. Please contact Blue KC for more information.



Blue KC is proud to offer health plans with exclusive access to Spira Care Centers located across the Kansas City Metro Area.

Experience the difference advanced primary care can make. Blue KC is the local healthcare leader putting members first, while transforming how healthcare is designed, delivered and experienced.

Blue KC health plans with Spira Care bring healthcare and coverage together to put patients at the center of everything.

Spira Care is advanced primary care for newborns, infants, children, adolescents, and adults that gives patients easy, convenient access to primary care services and the time they need with their physician and Care Team.

Primary care for the whole family.

Advanced Primary Care	Injuries
Behavioral Health Support	Immunizations
Chronic Medical Condition Management	Routine Lab Draws
Diabetes Education and Health Coaching	Routine Preventive Care
Digital X-Rays	Sick Care
	And more

Learn more about Spira Care's nine locations, hours and Care Teams at **SpiraCare.com**.



A Spira Care Center is just around the corner.

Nine locations across the Kansas City metro area.

Spira Care Crossroads

1916 Grand Boulevard
Kansas City, MO 64108

Spira Care Independence

3717 S Whitney Avenue
Independence, MO 64055

Spira Care Lee's Summit

760 NW Blue Parkway
Lee's Summit, MO 64086

Spira Care Liberty

8350 N Church Road
Kansas City, MO 64158

Spira Care Olathe

15710 W 135th Street, Suite 200
Olathe, KS 66062

Spira Care Overland Park

7341 W 133rd Street
Overland Park, KS 66213

Spira Care Shawnee

10824 Shawnee Mission Pkwy.
Shawnee, KS 66203

Spira Care Tiffany Springs

8765 N Ambassador Drive
Kansas City, MO 64154

Spira Care Wyandotte

9800 Troup Avenue
Kansas City, KS 66111



Blue KC plans with exclusive access to Spira Care Centers:

	Without a Health Savings Account (HSA)	With a Health Savings Account (HSA)
Spira Care	No additional cost for primary care services.	Low additional cost (\$60* per appointment) for primary care services. Members will receive a bill for services at Spira Care Centers until they meet their out-of-pocket max. Preventive services are covered at 100%.
Plan's Network	Members have all the benefits of their plan's network for things like specialty care and emergency services. Based on plan enrollment, costs will apply towards an annual deductible or applicable copay.	

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Your Plan's Network: Members have all the benefits of their plan's network for things like specialty care and emergency services. Costs apply towards their annual deductible.

All services provided at Spira Care Centers area based on your primary care needs only and must be ordered by a member of the Spira Care Team. This includes digital x-rays, routine labs and immunizations. Orders by a specialist or someone outside of the Care Center cannot be completed or fulfilled at Spira Care Centers. Health coverage through any of the Blue KC plans cannot be used for an on-the-job or work-related injury or illness. X-ray services are available at all locations except Lee's Summit and Liberty.

Behavioral Health

When you need support, you've got it.

Behavioral health is an emerging health challenge many employer groups are facing. Every day, the numbers rise, and all too often, conditions like depression, anxiety and substance use go untreated. That's why Blue KC has enhanced the behavioral health services provided in member health plans working to reduce the stigma around behavioral health in our communities while helping to make care more accessible and affordable.

Your Mindful Advocate

In a unique role exclusive to Blue KC health plans, Mindful Advocates are licensed behavioral health clinicians acting as a front door to match members to providers and guide care plans—a single point of contact for listening, navigating care, crisis management, connecting, benefit guidance, and follow-up.

A Mindful Advocate can offer in-the-moment support and help members access tools including virtual visit options specific to their behavioral healthcare needs.

Learn more about the support of a Mindful Advocate at **[MindfulBlueKC.com](https://www.mindfulbluekc.com)**.



Behavioral Health

There is a Mindful Advocate available to help 24/7 for:

- In-the-moment support
- Help locating and referring to in-network providers
- Care navigation
- Help connecting to expedited treatment options in crisis situations*

Members can call **833-302-MIND (6463)** or call the behavioral health number on their member ID card. One phone call can match members to the right care and services.



Virtual Behavioral Health

Blue KC believes virtual (face-to-face), telephone, email or text visits for behavioral health therapy can help members who may be feeling stress, anxiety or depression.

Virtual behavioral health therapy also opens up more options for members who are looking to get care for ongoing behavioral health needs—such as grief, substance use, coping with life transitions, couples counseling and more—without having to go somewhere for an in-person appointment.

Some plans qualify for zero dollar deductible and no copay virtual behavioral health services.**

Contact your Blue KC representative or broker to learn more.

*Normal cost-sharing and out-of-pocket maximum limits apply.

**Zero-dollar member cost share on virtual care may not apply to High Deductible Plans that are eligible for a Health Savings Account.

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

SmartShopper

Costs for medical procedures are unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars depending on where your employees go. Blue KC's SmartShopper program allows them to research their options, compare costs and make a more informed decision before scheduling an appointment.

Going to a cost-effective facility saves you and your health plan money while also helping lower the cost of healthcare in our area. Through SmartShopper, we are able to pass on a percentage of these savings directly to you and your employees.

Integrated Online for Convenience

To make the experience easy, SmartShopper can be found on the Blue KC member portal, **MyBlueKC.com** > **Find Care**. Simply log in and search for the procedure or test needed. SmartShopper will display providers and costs, which can be compared. The program leverages the existing local and national network of providers and facilities that you trust today.

Taking care of the health of your employees is important and so is your budget.

This innovation is part of Blue KC's commitment to cost transparency and cost savings.

- 94% member satisfaction among Blue KC members who shopped with SmartShopper
- There are no additional costs to use the SmartShopper program



Save and Earn

SmartShopper pays eligible members cash rewards for choosing a SmartShopper-eligible provider for certain routine procedures, preventive exams, imaging scans and scheduled surgeries. The reward received will vary depending on the procedure needed.

Compare convenient, in-network locations and earn cash rewards for shopping healthcare.



If members want to shop over the phone or need a little extra help they can call 1-855-476-5027 to contact the SmartShopper Care Concierge Team or reach a Blue KC customer advocate by calling the number on the back of their ID card.

It pays to shop!



STEP ONE

Shop

When a doctor recommends a medical test or procedure, members can evaluate their options for care at [MyBlueKC.com](https://www.mylbluekc.com) > Find Care.



STEP TWO

Get Care

Members receive care at a reward-eligible location of their choice in their plan's network.



STEP THREE

Earn a Reward

After the claim is paid, SmartShopper will mail members a reward check.

Go to **[MyBlueKC.com](https://www.mylbluekc.com)** > **Find Care** to search for a procedure or test.

Blue KC Virtual Care

With Blue KC virtual care, employees have access to care 24/7/365 right from a smartphone, tablet, or computer. It is a convenient, affordable alternative to urgent care, or if a primary care doctor is unavailable, for minor issues.

•0 primary care and behavioral health virtual visits* using the **MyBlueKC app** helps increase member access to affordable medical and mental healthcare.

Download the MyBlueKC App

Go to your Apple or Google app store or visit **MyBlueKC.com**.



No appointment necessary for sick care.

Virtual care is an excellent option for colds, flu, sore throats and other common conditions with no appointment necessary. Your employees have access to board-certified doctors any time of the day, including holidays, without the need to make an appointment.

Behavioral healthcare is available by appointment.

Help is also available for behavioral health conditions like anxiety, depression and substance use—available by appointment.



*Zero-dollar member cost share on virtual care may not apply to High Deductible Plans that are eligible for a Health Savings Account

For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your insurance producer or write Blue KC.

Small Group ACA Plan Options

For Businesses with 2-50 Employees

Eligibility Guidelines

ACA Plan Options

Exclusions and Limitations

The Options You Want

Options that provide certainty. Options that enhance freedom. Options that empower employees. Blue KC continues to offer you options that will help protect your budget.

Blue KC plans apply all in-network member cost-sharing (copays, deductibles and coinsurance) to the out-of-pocket maximum and include 100% in-network coverage of preventive services.

The Support You Need

Blue KC can help you identify what benefits will work best for your company, your employees and their families.

Our products comply with the Affordable Care Act (ACA) benefit, rating and other regulations. Choose the plan that best fits your company's needs and budget. Then enjoy the peace of mind that comes from knowing you made the right choice to protect your employees and their families.

Unsure of which insurance plan will work best? Don't hesitate to contact your broker or Blue KC sales representative. They're here to inform, answer questions and help throughout the decision-making process.



Small Group Eligibility Guidelines



There must be at least one full-time eligible W-2 employee other than the owner to be eligible for a Blue KC small group plan.



If only two full-time eligible employees, additional documentation is required.



At least one full-time eligible (enrolled) employee must reside and work in the 32-county Blue KC service area.



Blue KC **does not** accept Sole Proprietorships / Owner only groups.



We **can** write an owner and spouse group in Kansas. Legal documentation is required on spouse.



We **cannot** write an owner and spouse group in Missouri (considered a group of one).



Effective dates on the 1st and 15th of every month.



NO deductible credit from Individual to Group. We do provide a deductible **prorate** depending on which quarter the group is sold (prorate: 1st quarter is 0%, 2nd quarter is 25%, 3rd quarter is 50%, 4th quarter is 75%). With HSA (Saver) plans, there is NO prorate, we only give exact credit met from prior carrier (prior coverage must be GROUP coverage).

Due to state laws, eligibility requirements vary:

- For businesses established in Missouri, a spouse or child under age 18 of an owner **is not considered** an employee, even if he or she is paid as a W-2 employee.
- For businesses established in Kansas, a spouse or child under age 18 paid as a W-2 employee **is considered** an eligible employee, which satisfies the new guidelines.

When does Blue KC require documentation?

- **Kansas** and **Missouri** Sole Proprietorships (owner only) - [Cannot write](#)
- **Missouri** owner + spouse group - [Cannot write \(considered group of one\)](#)
- **Kansas** owner + spouse group - [Require documentation on spouse](#)
- **Kansas** and **Missouri** owner + 1 groups - [Require documentation on non-owner employee](#)
- **Kansas** and **Missouri** groups submitted with 3 or more full-time EEs - [No documentation required](#)

Acceptable forms of documentation for these eligibility requirements include a W-2, KW-3 (Kansas Groups), payroll register, or employer quarterly wage and tax statement.

Blue KC relies on employers to determine eligible employees based on state and federal guidelines.

Small Group ACA Plan Options

For Businesses with 2-50 Employees

Choices and more choices. It’s what members have come to expect from Blue KC, the area’s only local, not-for-profit health insurance company.

NETWORK	Product Name	Metallic Level	Single Deductible	Family Deductible	Coinsurance	Single OOP Max	Family OOP Max	Telehealth Visit + Mental Health Therapy ⁵	Primary Care ^{2,4,7}	Urgent Care ^{2,4}	Specialist ^{2,4}	Hospital ³	Emergency Room	Prescription Drugs ⁶						Rx Network	Deductible Type ¹
														Low-Cost Generic	Generic	Preferred	Non-Preferred	Generic & Preferred Specialty	Non-Preferred Specialty		
Preferred-Care Blue (PPO)	Classic PCB	Gold	\$1,250	\$2,500	90%	\$7,000	\$14,000	\$0	(≤30tc)≤60	\$80	\$80	≤975/Day 5 Day Max ³	≤975	\$5	\$15	\$70	D+30%	D+35%	D+35%	RxPremier	EMB
	First PCB	Gold	\$1,850	\$3,700	90%	\$5,000	\$10,000	\$0	4@≤25/D+C	4@≤25/D+C	4@≤25/D+C	Ded/Coins	Ded/Coins	\$5	\$15	\$70	D+30%	D+35%	D+35%	RxPremier	EMB
	Saver PCB	Gold	\$2,000	\$4,000	80%	\$4,000	\$8,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+≤5	D+≤15	D+≤70	D+30%	D+35%	D+35%	RxPremier	Aggregate
	First PCB	Silver	\$5,000	\$10,000	80%	\$7,200	\$14,400	\$0	4@≤25/D+C	4@≤25/D+C	4@≤25/D+C	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxPremier	EMB
	Classic PCB	Silver	\$5,000	\$10,000	60%	\$8,700	\$17,400	\$0	(≤30tc)≤60	\$80	\$80	≤975/Day 5 Day Max ³	≤975	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxPremier	EMB
	Saver PCB	Silver	\$3,500	\$7,000	75%	\$7,000	\$14,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+≤5	D+≤20	D+≤75	D+10%	D+20%	D+20%	RxPremier	EMB
	Traditional PCB	Silver	\$3,500	\$7,000	70%	\$8,150	\$16,300	\$0	\$60	\$100	\$100	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxPremier	EMB
	Saver PCB	Bronze	\$6,000	\$12,000	50%	\$7,500	\$15,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+50%	D+50%	D+50%	D+50%	D+50%	D+50%	RxPremier	EMB
	First PCB	Bronze	\$6,850	\$13,700	50%	\$9,200	\$18,400	\$0	4@≤50/D+C	4@≤50/D+C	4@≤50/D+C	Ded/Coins	Ded/Coins	\$5	\$30	D+≤120	D+40%	D+50%	D+50%	RxPremier	EMB
	Value PCB	Bronze	\$7,750	\$15,500	50%	\$8,550	\$17,100	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$30	D+≤120	D+40%	D+50%	D+50%	RxPremier	EMB
BlueSelect Plus (PPO)	Saver BSP	Silver	\$3,500	\$7,000	75%	\$7,000	\$14,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+≤5	D+≤20	D+≤75	D+10%	D+20%	D+20%	RxSelect - Walgreens	EMB
	Traditional BSP	Silver	\$3,500	\$7,000	70%	\$8,150	\$16,300	\$0	\$60	\$100	\$100	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxSelect - Walgreens	EMB
	Saver BSP	Bronze	\$6,000	\$12,000	50%	\$7,500	\$15,000	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+50%	D+50%	D+50%	D+50%	D+50%	D+50%	RxSelect - Walgreens	EMB
	Value BSP	Bronze	\$7,750	\$15,500	50%	\$8,550	\$17,100	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$30	D+≤120	D+40%	D+50%	D+50%	RxSelect - Walgreens	EMB
Spira Care with BlueSelect Plus (EPO)	Spira Care BSP	Gold	\$3,500	\$7,000	100%	\$3,500	\$7,000	\$0	\$0 / Ded	Deductible	Deductible	Deductible	Deductible	\$5	\$15	\$70	≤350	Deductible	Deductible	RxPremier	EMB
	First BSP + Spira Care ⁸	Silver	\$5,000	\$10,000	80%	\$7,200	\$14,400	\$0	≤0/4@≤25/D+C	≤0/4@≤25/D+C	≤0/4@≤25/D+C	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxPremier	EMB
	Spira Care BSP	Silver	\$5,000	\$10,000	80%	\$7,200	\$14,400	\$0	\$0/D+C	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$20	\$75	D+30%	D+35%	D+35%	RxPremier	EMB
	Spira Care HSA BSP	Bronze	\$5,750	\$11,500	80%	\$8,000	\$16,000	Ded/Coins	Ded/D+C	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	D+≤5	D+≤30	D+≤120	D+30%	D+35%	D+35%	RxPremier	EMB
	Spira Care BSP	Bronze	\$8,000	\$16,000	80%	\$9,200	\$18,400	\$0	\$0/D+C	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$5	\$30	D+≤120	D+30%	D+35%	D+35%	RxPremier	EMB

All Plans - All cost-sharing (Deductible, Coinsurance and Copays) apply to the Out-of-Pocket Max. In-Network cost-sharing applies to the In-Network Out-of-Pocket Max only. Out-of-Network cost-sharing applies to the Out-of-Network Out-of-Pocket Max only.

All Plans - Primary Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics.

¹ Embedded: An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid.

¹ Aggregate: The entire family deductible must be satisfied each calendar year before benefits for any covered person will be paid.

² Classic PCB: These plans provide a lower PCP copayment for Total Care (TC) physician visits. Mental health providers are treated as PCPs.

³ Classic PCB: Inpatient (IP) Hospital, IP Mental Illness, IP Substance Abuse, and IP Maternity Services are combined and count toward the five days covered at the applicable copay per calendar year. After the fifth day, Inpatient services will not be subject to any cost-sharing for the remainder of the calendar year.

⁴ First PCB: Copay for the first four visits, combined for PCP, Specialist and Urgent Care.

⁵ First PCB: Telehealth visits do not accrue toward limited copay visits.

⁶ Mail-Order Rx: Cost sharing is 3x for a Long-Term supply.

⁷ Spira Care: \$0 cost share at Spira Care Centers, D+C other primary care providers, ≤60 allowable for Saver plans.

⁸ First BSP + Spira: \$0 cost share at Spira Care Centers. Copay for non-Spira first four visits combined for PCP, specialist, and urgent care. Telehealth does not accrue toward limited copay visits.

Exclusions and Limitations

Plans have exclusions, limitations and terms under which they may be continued in force or discontinued.

If an individual is enrolled in Medicare, Benefits for Covered Services will be coordinated with any benefits paid by Medicare. This limitation will not apply if the employer, by law, is not permitted to allow the contract to be secondary to Medicare.

Services and supplies are NOT covered if they are not specifically covered under the Contract, are received in connection with or related to a complication of a non-covered service or supply, are not Medically Necessary or are Experimental/Investigative, or are subject to our Prior Authorization requirement and such approval was not obtained. Services or supplies received are NOT covered if there is no legal obligation for payment or for services or supplies received where a portion of the charge has been waived. This includes, but is not limited to full or partial waiver of any applicable Cost-Sharing.

In addition, the following services and supplies are NOT covered:

- For injuries/illnesses related to an individual's job or care for any injury/illness incurred while on active or reserve military duty, or resulting from war or any act of war
- Custodial, convalescent, or respite care and/or services performed by an individual's immediate family members or household members
- For cosmetic purposes, including removal of scars or tattoos, surgical treatment of scarring secondary to acne or chicken pox, and/or hairplasty or hair removal
- Personal care and convenience items; nonmedical equipment; and/or Durable Medical Equipment that would normally be provided by a Skilled Nursing Facility
- Repairs and replacement of prosthetic and/or orthotic devices
- Acupuncture, acupressure, rolfing, services provided by a massage therapist, aromatherapy and other forms of alternative treatment
- Genetic testing and/or services ordered or requested in connection with criminal actions (including diversion agreements), divorce, and/or child custody/visitation
- Blood donor expenses
- Adult vision services, including radial keratotomy and refractive keratoplasty procedures
- Except as specifically provided in your Contract, dental services and complications of dental treatment are not covered. If your Contract does provide coverage for pediatric dental (age 18 and under), these services are subject to frequency limits as described in your Contract
- Medical or dental management of conditions of the temporomandibular joint or correcting deformities of the jaw
- For the treatment of obesity or morbid obesity, except as specifically provided in your Contract
- In-vitro fertilization, artificial insemination, ovulation induction, and other medical procedures related to infertility
- Non-prescription enteral feedings and other nutritional and electrolyte supplements

- Marital counseling; counseling to improve intra or interpersonal development; music therapy; remedial reading; recreational therapy; and/or other forms of education or special education
- Occupational therapy provided on a routine basis as part of a standard program for all patients
- Elective pregnancy termination
- Megavitamin therapy; nutritional-based therapy; nutritional assessment testing; and/or saliva hormone testing
- Involuntary inpatient commitments from a Non-Participating Provider after the Covered Person has been screened and stabilized
- Speech therapy for vocal cord training/retraining due to vocational strain and/or weak cords
- Services or supplies received from any provider in a country where the terms of any legislative or regulatory action taken by the United States would prohibit payment or reimbursement for such services
- Extracorporeal shock wave therapy due to musculoskeletal pain or musculoskeletal conditions and for electrical stimulation
- For the treatment of obesity or morbid obesity, except as specifically provided in your Contract
- For medications which are not on the formulary drug list
- For certain infusion therapy/injectables unless obtained from a designated specialty pharmacy or designated home infusion vendor
- Brand name drugs for the first six months following FDA approval for a new indication of an existing drug unless a shorter exclusion period is recommended by Our Pharmacy and Therapeutics Committee, which includes community physicians and pharmacists
- Amounts for services or supplies billed by Out-of-Network Providers that are Non-Participating that are not eligible for separate reimbursement according to Our payment policy
- Amounts for non-Emergency services billed by Out-of-Network Providers that are Non-Participating when proof of service is not established or supported by Your medical record

Missouri-Only Exclusions and Limitations

- Services related to the diagnosis or treatment (including drugs) of infertility or related conditions
- Hypnotism, hypnotic anesthesia, and massage therapy
- Services received for (or in preparation for) any diagnosis or treatment of impotency (including drugs); penile prosthesis and its implantation; and/or reversal of sterilization procedures
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands"), except as specifically provided

- Sales tax
- For covered persons age 18 and under, routine eye exams are limited to 1 per calendar year; 1 pair of lenses per calendar year and 1 set of frames up to the Allowable Charge
- Private Duty Nursing is limited to 150 visits per calendar year
- Home Health Care Services are limited to 100 visits per calendar year
- Habilitative and Rehabilitative Physical Therapy are limited to 20 visits each per calendar year
- Habilitative and Rehabilitative Occupational Therapy are limited to 20 visits each per calendar year
- Pulmonary Therapy is limited to 20 visits per calendar year
- Cardiac Therapy is limited to 36 visits per calendar year
- Wigs are limited to 1 per calendar year following treatment for cancer
- Travel and Lodging for Transplant Services is limited to \$150 per day, up to 60 days per calendar year
- Skilled Nursing Facility is limited to 90 days per calendar year
- Hearing aids are limited to 1 set every 4 years for covered persons age 18 and under.
- Biofeedback (including neurofeedback), except as specifically provided

Kansas-Only Exclusions and Limitations

- Services received for (or in preparation for) any diagnosis or treatment of sexual dysfunction (including drugs and prosthesis); and any related complications unless the Covered Person has a documented disease resulting in impotence; and/or reversal of sterilization procedures
- Sales tax, to the extent it exceeds our Allowable Charge
- Laboratory services performed by an independent laboratory that is not approved by Medicare
- Rehabilitative Speech Therapy is limited to 90 visits each per calendar year
- Hearing care services, including but not limited to hearing aids and the examination for fitting of these items
- Biofeedback (including neurofeedback)
- Lodging or travel to and from a health professional or health facility
- Cranial (head) remodeling devices, including but not limited to Dynamic Orthotic Cranioplasty ("DOC Bands")
- For covered persons age 18 and under, 3 pairs of lenses per calendar year and 3 sets of frames up to the Allowable Charge for each
- For wigs and their care

Disclosure Notices

All plans that cover prescription drugs are considered creditable coverage for Medicare Part D.

Blue KC subcontracts with other organizations (or vendors or entities) to perform certain health services such as utilization management (e.g., hospital concurrent review, prior authorizations, peer medical necessity review, denials/approvals, appeals), member complaints, provider credentialing, and case management for members with complex and catastrophic conditions.

Fully Insured Plan Options

For Businesses with 51-99 Employees

Fully Insured Plan Options

The Best of Both Worlds

Blue KC's portfolio for employer groups with 51-99 employees has been curated from our most popular plans over the years combined with our innovative offerings, including Spira Care, working to bring you lower cost plan options for 2025. This package offers a mix of PPO and EPO plan designs on our broader Preferred-Care Blue network and our competitively priced BlueSelect Plus network.

Flexibility and Choice are the Cornerstones

With multiple options, your employees are empowered to choose a plan that best fits their needs and budget. Some plan designs are the same across the Preferred-Care Blue and BlueSelect Plus networks, giving your employees ultimate flexibility and choice.

Fully Insured Plan Options

For Businesses with 51-99 Employees

PLAN NAME	Deductible				Member Coinsurance		Out-of-Pocket Maximum				Copay / Cost-Share - Per Occurrence							RX Copay / Cost-Share			Deductible Type ²
	Network		Out-of-Network		Network	Out-of-Network	Network		Out-of-Network		Network ⁴						Network				
	Single	Family	Single	Family			Single	Family	Single	Family	PCP ¹	Virtual Care ⁷	Spec	Urgent Care	ER	Facility / Hospital	TR1/S-G	TR2/S-PB	TR3/S-NPB		
PCB PPO \$500 (OOPM \$1,500)	\$500	\$1,000	\$500	\$1,000	10%	30%	\$1,500	\$3,000	\$3,000	\$6,000	\$20	\$0	\$20	\$20	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$500 (OOPM \$3,500)	\$500	\$1,500	\$500	\$1,500	20%	40%	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$0	\$25	\$25	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$1,000 (OOPM \$2,500)	\$1,000	\$2,000	\$1,000	\$2,000	20%	40%	\$2,500	\$5,000	\$5,000	\$10,000	\$25	\$0	\$25	\$25	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$1,000 (OOPM \$4,000)	\$1,000	\$3,000	\$1,000	\$3,000	20%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$0	\$30	\$30	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$1,500 (OOPM \$4,500)	\$1,500	\$4,500	\$1,500	\$4,500	20%	40%	\$4,500	\$9,000	\$9,000	\$18,000	\$35	\$0	\$35	\$35	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$1,500 (OOPM \$6,000)	\$1,500	\$3,000	\$1,500	\$3,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000	\$35	\$0	\$35	\$35	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$2,000 (OOPM \$5,000)	\$2,000	\$6,000	\$2,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$2,700 (OOPM \$5,400)	\$2,700	\$5,400	\$2,700	\$5,400	20%	40%	\$5,400	\$10,800	\$10,800	\$21,600	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$0	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$3,000 (OOPM \$5,000)	\$3,000	\$6,000	\$3,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$3,000 (OOPM \$9,100)	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$4,000 (OOPM \$4,000)	\$4,000	\$8,000	\$4,000	\$8,000	0%	20%	\$4,000	\$8,000	\$8,000	\$16,000	\$40	\$0	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$4,000 (OOPM \$9,100)	\$4,000	\$8,000	\$4,000	\$8,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$5,000 (OOPM \$6,500)	\$5,000	\$10,000	\$5,000	\$10,000	20%	40%	\$6,500	\$13,000	\$13,000	\$26,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$5,000 (OOPM \$9,100)	\$5,000	\$10,000	\$5,000	\$10,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB BLUESAVER HSA \$3,300 (OOPM \$3,300)	\$3,300	\$6,600	\$3,300	\$6,600	0%	20%	\$3,300	\$6,600	\$6,600	\$13,200	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE			EMB	
PCB BLUESAVER HSA \$4,000 (OOPM \$5,500)	\$4,000	\$8,000	\$4,000	\$8,000	20%	40%	\$5,500	\$11,000	\$11,000	\$22,000	DED/COINS	DEDUCTIBLE	DED/COINS	DED/COINS	DED/COINS	DED/COINS	DED/COINS			EMB	
PCB BLUESAVER HSA \$5,000 (OOPM \$6,450)	\$5,000	\$10,000	\$5,000	\$10,000	10%	30%	\$6,450	\$12,900	\$12,900	\$25,800	DED/COINS	DEDUCTIBLE	DED/COINS	DED/COINS	DED/COINS	DED/COINS	DED/COINS			EMB	
PCB BLUESAVER HSA \$6,500 (OOPM \$6,500)	\$6,500	\$13,000	\$6,500	\$13,000	0%	20%	\$6,500	\$13,000	\$13,000	\$26,000	DEDUCTIBLE	\$0	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DED/COINS	DEDUCTIBLE			EMB	
BLUESELECT PLUS ³ PPO \$1,000 (OOPM \$4,000)	\$1,000	\$3,000	\$1,000	\$3,000	20%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$0	\$30	\$30	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS ³ PPO \$2,000 (OOPM \$4,000)	\$2,000	\$4,000	\$2,000	\$4,000	20%	50%	\$4,000	\$8,000	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS ³ BLUESAVER HSA \$3,300 (OOPM \$3,300)	\$3,300	\$6,600	\$3,300	\$6,600	0%	30%	\$3,300	\$6,600	\$15,000	\$30,000	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE			EMB	
BLUESELECT PLUS ³ PPO \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$0	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS ³ PPO \$3,000 (OOPM \$5,000)	\$3,000	\$6,000	\$3,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS ³ PPO \$3,000 (OOPM \$9,100)	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS ³ PPO \$4,000 (OOPM \$4,000)	\$4,000	\$8,000	\$4,000	\$8,000	0%	30%	\$4,000	\$8,000	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS ³ EPO \$4,000 (OOPM \$4,000)	\$4,000	\$8,000	N/A	N/A	0%	N/A	\$4,000	\$8,000	N/A	N/A	\$40	\$0	\$40	\$40	\$100 + DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS ³ PPO \$4,000 (OOPM \$9,100)	\$4,000	\$8,000	\$4,000	\$8,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DEDUCTIBLE	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS ³ BLUESAVER PPO HSA \$5,000 (OOPM \$6,450)	\$5,000	\$10,000	\$5,000	\$10,000	10%	40%	\$6,450	\$12,900	\$32,250	\$64,500	DED/COINS	DEDUCTIBLE	DED/COINS	DED/COINS	DED/COINS	DED/COINS	DED/COINS			EMB	
BLUESELECT PLUS ³ BLUESAVER EPO HSA \$5,000 (OOPM \$6,450)	\$5,000	\$10,000	N/A	N/A	10%	N/A	\$6,450	\$12,900	N/A	N/A	DED/COINS	DEDUCTIBLE	DED/COINS	DED/COINS	DED/COINS	DED/COINS	DED/COINS			EMB	
BLUESELECT PLUS ³ PPO \$5,000 (OOPM \$9,100)	\$5,000	\$10,000	\$5,000	\$10,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PERSONAL BLUE PPO HRA (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$0	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB AFFORDABLEBLUE (OOPM \$5,500) ⁸	\$5,500	\$11,000	\$5,500	\$11,000	0%	20%	\$5,500	\$11,000	\$11,000	\$22,000	\$30	\$0	\$30	\$30	DEDUCTIBLE	DEDUCTIBLE	\$20	NOT COVERED		EMB	
BLUESELECT PLUS ³ SPIRA CARE EPO \$1,500 (OOPM \$1,500)	\$1,500	\$3,000	N/A	N/A	0%	N/A	\$1,500	\$3,000	N/A	N/A	SPIRA CARE NO CHARGE ⁵	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$50/\$50	DEDUCTIBLE	EMB	
BLUESELECT PLUS ³ SPIRA CARE EPO \$3,500 (OOPM \$3,500)	\$3,500	\$7,000	N/A	N/A	0%	N/A	\$3,500	\$7,000	N/A	N/A	SPIRA CARE NO CHARGE ⁵	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$50/\$50	DEDUCTIBLE	EMB	
BLUESELECT PLUS ³ SPIRA CARE EPO \$3,500 (OOPM \$9,100)	\$3,500	\$7,000	N/A	N/A	50%	N/A	\$9,100	\$18,200	N/A	N/A	SPIRA CARE NO CHARGE ⁵	SPIRA CARE NO CHARGE ⁵	DED/COINS	DED/COINS	DED/COINS	DED/COINS	\$15/\$15	\$50/\$50	DED/COINS	EMB	
BLUESELECT PLUS ³ SPIRA CARE EPO \$7,000 (OOPM \$7,000)	\$7,000	\$14,000	N/A	N/A	0%	N/A	\$7,000	\$14,000	N/A	N/A	SPIRA CARE NO CHARGE ⁵	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$50/\$50	DEDUCTIBLE	EMB	
BLUESELECT PLUS ³ SPIRA CARE EPO HSA ⁶ \$3,300 (OOPM \$3,300)	\$3,300	\$6,600	N/A	N/A	0%	N/A	\$3,300	\$6,600	N/A	N/A	DEDUCTIBLE ⁶	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE			EMB	
NEW BLUESELECT PLUS ³ EPO SPIRA COPAY (OOPM \$5,000)	\$0	\$0	N/A	N/A	0%	N/A	\$5,000	\$10,000	N/A	N/A	Spira Care NO CHARGE - BSP PCP \$75	\$0	\$100	\$150	\$250	\$500	\$15/\$15	\$70/\$110	\$110/\$200	0	
BLUESELECT PLUS ³ SPIRA CARE EPO \$5,000 (OOPM \$5,000)	\$7,000	\$14,000	N/A	N/A	0%	N/A	\$7,000	\$14,000	N/A	N/A	SPIRA CARE NO CHARGE ⁵	\$0	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE			EMB	

NOTE: BOLDDED PLAN OPTIONS ARE NEW OR CHANGING FOR 2025

¹ Primary Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics.

² Embedded - An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid.

³ A high performing network, BlueSelect Plus, is limited to groups located in the 12-county Kansas City metropolitan area which includes Clay , Jackson, Platte, Cass, Clinton, Dekalb, Johnson, Lafayette, Ray and Caldwell in Missouri, and Johnson and Wyandotte counties in Kansas. The BlueSelect Plus products are only available to employees who live in the 12-county metro area and seek care in the 6 counties of Clay, Jackson, Plate and Clinton in MO and Wyandotte and Johnson in KS.

⁴ Additional coinsurance may apply. EPO plans do not provide coverage for Out-of-Network services except in cases of emergency.

⁵ Only primary care services received at a Spira Care Center are at no charge. All other primary care services available through the BlueSelect Plus network are subject to deductible.

⁶ Spira Care HSA members will incur an affordable charge for office visits. Spira Care services will be at no charge once the deductible is met. All other primary care services available through the BlueSelect Plus network are subject to deductible.

⁷ Applies only when using Blue KC virtual care. All other visits to an in-network provider are the same as an in-office visit.

⁸ Copay for the first five visits combined for PCP, Specialist and Urgent Care.

Level Funding ASO Plan Options

For Businesses with 5-99 Employees

Level Funding ASO Plan Options

ChamberCHOICE

Setup Checklist

Employer Considerations

Level Funding ASO Definitions

Understanding Your Plan

Comprehensive, Cost-Conscious Care

Blue KC's Level Funding Administrative Services Only (ASO) options provide a cost-effective, customized alternative to traditional, fully insured small group health plans. The plans have been designed to be fully funded. Blue KC will help you evaluate your maximum claims risk and then blend specific and aggregate stop-loss insurance to create level funding you can budget for each month.

The monthly level funded money remitted to Blue KC will include:

- Administrative costs and stop-loss insurance
- Claims funding

Your maximum annual claims, including claims run-out liability, are predetermined to create level funding that is easy to administer. Employees can elect the following coverage levels:

- Employee Only
- Employee and Spouse
- Employee and Children
- Employee and Family



Level Funding ASO Plan Options

For Businesses with 5-99 Employees

PLAN NAME	Deductible				Member Coinsurance		Out-of-Pocket Maximum				Copay / Cost-Share - Per Occurrence							RX Copay / Cost-Share			Deductible Type²
	Network		Out-of-Network		Network	Out-of-Network	Network		Out-of-Network		Network⁴						Network				
	Single	Family	Single	Family			Single	Family	Single	Family	PCP¹	Virtual Care⁷	Spec	Urgent Care	ER	Facility / Hospital	TR1/S-G	TR2/S-PB	TR3/S-NPB		
PCB PPO \$500 (OOPM \$1,500)	\$500	\$1,000	\$500	\$1,000	10%	30%	\$1,500	\$3,000	\$3,000	\$6,000	\$20	\$0	\$20	\$20	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$500 (OOPM \$3,500)	\$500	\$1,500	\$500	\$1,500	20%	40%	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$0	\$25	\$25	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$1,000 (OOPM \$2,500)	\$1,000	\$2,000	\$1,000	\$2,000	20%	40%	\$2,500	\$5,000	\$5,000	\$10,000	\$25	\$0	\$25	\$25	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$1,000 (OOPM \$4,000)	\$1,000	\$3,000	\$1,000	\$3,000	20%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$0	\$30	\$30	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$1,500 (OOPM \$4,500)	\$1,500	\$4,500	\$1,500	\$4,500	20%	40%	\$4,500	\$9,000	\$9,000	\$18,000	\$35	\$0	\$35	\$35	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$1,500 (OOPM \$6,000)	\$1,500	\$3,000	\$1,500	\$3,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000	\$35	\$0	\$35	\$35	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$2,000 (OOPM \$5,000)	\$2,000	\$6,000	\$2,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$2,700 (OOPM \$5,400)	\$2,700	\$5,400	\$2,700	\$5,400	20%	40%	\$5,400	\$10,800	\$10,800	\$21,600	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$0	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$3,000 (OOPM \$5,000)	\$3,000	\$6,000	\$3,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$3,000 (OOPM \$9,100)	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$4,000 (OOPM \$4,000)	\$4,000	\$8,000	\$4,000	\$8,000	0%	20%	\$4,000	\$8,000	\$8,000	\$16,000	\$40	\$0	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$4,000 (OOPM \$9,100)	\$4,000	\$8,000	\$4,000	\$8,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$5,000 (OOPM \$6,500)	\$5,000	\$10,000	\$5,000	\$10,000	20%	40%	\$6,500	\$13,000	\$13,000	\$26,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PPO \$5,000 (OOPM \$9,100)	\$5,000	\$10,000	\$5,000	\$10,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB BLUESAVER HSA \$3,300 (OOPM \$3,300)	\$3,300	\$6,600	\$3,300	\$6,600	0%	20%	\$3,300	\$6,600	\$6,600	\$13,200	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE			EMB	
PCB BLUESAVER HSA \$4,000 (OOPM \$5,500)	\$4,000	\$8,000	\$4,000	\$8,000	20%	40%	\$5,500	\$11,000	\$11,000	\$22,000	DED/COINS	DEDUCTIBLE	DED/COINS	DED/COINS	DED/COINS	DED/COINS	DED/COINS			EMB	
PCB BLUESAVER HSA \$5,000 (OOPM \$6,450)	\$5,000	\$10,000	\$5,000	\$10,000	10%	30%	\$6,450	\$12,900	\$12,900	\$25,800	DED/COINS	DEDUCTIBLE	DED/COINS	DED/COINS	DED/COINS	DED/COINS	DED/COINS			EMB	
PCB BLUESAVER HSA \$6,500 (OOPM \$6,500)	\$6,500	\$13,000	\$6,500	\$13,000	0%	20%	\$6,500	\$13,000	\$13,000	\$26,000	DEDUCTIBLE	\$0	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DED/COINS	DEDUCTIBLE			EMB	
BLUESELECT PLUS³ PPO \$1,000 (OOPM \$4,000)	\$1,000	\$3,000	\$1,000	\$3,000	20%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$30	\$0	\$30	\$30	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS³ PPO \$2,000 (OOPM \$4,000)	\$2,000	\$4,000	\$2,000	\$4,000	20%	50%	\$4,000	\$8,000	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS³ BLUESAVER HSA \$3,300 (OOPM \$3,300)	\$3,300	\$6,600	\$3,300	\$6,600	0%	30%	\$3,300	\$6,600	\$15,000	\$30,000	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE			EMB	
BLUESELECT PLUS³ PPO \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$0	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS³ PPO \$3,000 (OOPM \$5,000)	\$3,000	\$6,000	\$3,000	\$6,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS³ PPO \$3,000 (OOPM \$9,100)	\$3,000	\$6,000	\$3,000	\$6,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS³ PPO \$4,000 (OOPM \$4,000)	\$4,000	\$8,000	\$4,000	\$8,000	0%	30%	\$4,000	\$8,000	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS³ EPO \$4,000 (OOPM \$4,000)	\$4,000	\$8,000	N/A	N/A	0%	N/A	\$4,000	\$8,000	N/A	N/A	\$40	\$0	\$40	\$40	\$100 + DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS³ PPO \$4,000 (OOPM \$9,100)	\$4,000	\$8,000	\$4,000	\$8,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DEDUCTIBLE	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
BLUESELECT PLUS³ BLUESAVER PPO HSA \$5,000 (OOPM \$6,450)	\$5,000	\$10,000	\$5,000	\$10,000	10%	40%	\$6,450	\$12,900	\$32,250	\$64,500	DED/COINS	DEDUCTIBLE	DED/COINS	DED/COINS	DED/COINS	DED/COINS	DED/COINS			EMB	
BLUESELECT PLUS³ BLUESAVER EPO HSA \$5,000 (OOPM \$6,450)	\$5,000	\$10,000	N/A	N/A	10%	N/A	\$6,450	\$12,900	N/A	N/A	DED/COINS	DEDUCTIBLE	DED/COINS	DED/COINS	DED/COINS	DED/COINS	DED/COINS			EMB	
BLUESELECT PLUS³ PPO \$5,000 (OOPM \$9,100)	\$5,000	\$10,000	\$5,000	\$10,000	50%	50%	\$9,100	\$18,200	\$20,000	\$40,000	\$40	\$0	\$40	\$40	\$100 + DED/COINS	DED/COINS	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB PERSONAL BLUE PPO HRA (OOPM \$3,000)	\$3,000	\$6,000	\$3,000	\$6,000	0%	20%	\$3,000	\$6,000	\$6,000	\$12,000	\$40	\$0	\$40	\$40	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$70/\$110	\$110/\$200	EMB	
PCB AFFORDABLE (OOPM \$5,500)⁸	\$5,500	\$11,000	\$5,500	\$11,000	0%	20%	\$5,500	\$11,000	\$11,000	\$22,000	\$30	\$0	\$30	\$30	DEDUCTIBLE	DEDUCTIBLE	\$20	NOT COVERED		EMB	
BLUESELECT PLUS³ SPIRA CARE EPO \$1,500 (OOPM \$1,500)	\$1,500	\$3,000	N/A	N/A	0%	N/A	\$1,500	\$3,000	N/A	N/A	SPIRA CARE NO CHARGE⁵	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$50/\$50	DEDUCTIBLE	EMB	
BLUESELECT PLUS³ SPIRA CARE EPO \$3,500 (OOPM \$3,500)	\$3,500	\$7,000	N/A	N/A	0%	N/A	\$3,500	\$7,000	N/A	N/A	SPIRA CARE NO CHARGE⁵	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$50/\$50	DEDUCTIBLE	EMB	
BLUESELECT PLUS³ SPIRA CARE EPO \$3,500 (OOPM \$9,100)	\$3,500	\$7,000	N/A	N/A	50%	N/A	\$9,100	\$18,200	N/A	N/A	SPIRA CARE NO CHARGE⁵	SPIRA CARE NO CHARGE⁵	DED/COINS	DED/COINS	DED/COINS	DED/COINS	\$15/\$15	\$50/\$50	DED/COINS	EMB	
BLUESELECT PLUS³ SPIRA CARE EPO \$7,000 (OOPM \$7,000)	\$7,000	\$14,000	N/A	N/A	0%	N/A	\$7,000	\$14,000	N/A	N/A	SPIRA CARE NO CHARGE⁵	SPIRA CARE NO CHARGE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$15/\$15	\$50/\$50	DEDUCTIBLE	EMB	
BLUESELECT PLUS³ SPIRA CARE EPO HSA⁶ \$3,300 (OOPM \$3,300)	\$3,300	\$6,600	N/A	N/A	0%	N/A	\$3,300	\$6,600	N/A	N/A	DEDUCTIBLE⁶	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE			EMB	
NEW BLUESELECT PLUS³ EPO SPIRA COPAY (OOPM \$5,000)	\$0	\$0	N/A	N/A	0%	N/A	\$5,000	\$10,000	N/A	N/A	Spira Care NO CHARGE - BSP PCP \$75	\$0	\$100	\$150	\$250	\$500	\$15/\$15	\$70/\$110	\$110/\$200	0	
BLUESELECT PLUS³ SPIRA CARE EPO \$5,000 (OOPM \$5,000)	\$7,000	\$14,000	N/A	N/A	0%	N/A	\$7,000	\$14,000	N/A	N/A	SPIRA CARE NO CHARGE⁵	\$0	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE			EMB	

NOTE: BOLDED PLAN OPTIONS ARE NEW OR CHANGING FOR 2025

¹ Primary Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics.

² Embedded - An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid.

³ A high performing network, BlueSelect Plus, is limited to groups located in the 12-county Kansas City metropolitan area which includes Clay , Jackson, Platte, Cass, Clinton, Dekalb, Johnson, Lafayette, Ray and Caldwell in Missouri, and Johnson and Wyandotte counties in Kansas. The BlueSelect Plus products are only available to employees who live in the 12-county metro area and seek care in the 6 counties of Clay, Jackson, Plate and Clinton in MO and Wyandotte and Johnson in KS.

⁴ Additional coinsurance may apply. EPO plans do not provide coverage for Out-of-Network services except in cases of emergency.

⁵ Only primary care services received at a Spira Care Center are at no charge. All other primary care services available through the BlueSelect Plus network are subject to deductible.

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⁷ Applies only when using Blue KC virtual care. All other visits to an in-network provider are the same as an in-office visit.


⁸ Copay for the first five visits combined for PCP, Specialist and Urgent Care.


Level Funding ASO Plan Options

Your level funding has been carefully designed to ensure that you neither over- nor under-fund your plan. However, in the event your claims experience is lower than expected, you will receive back two-thirds of your unused claims dollars.* Blue KC will retain one-third as a deferred administrative fee.

Working to Make Blue KC's Level Funding ASO Options:

- **Predictable**

Gain control over your health benefits budget and have an opportunity to get back a portion of your unused claims dollars. Quarterly reports are provided to track your funding, overall expenses, and potential for refund.
- **Comprehensive**

Plans include comprehensive medical and pharmacy benefits along with Blue KC's award-winning customer service, comprehensive chronic condition management programs and innovative health advocacy support.
- **Affordable**

Self-funded medical plans may be less costly than similar fully insured coverage options subject to modified community rating guidelines and may be exempt from some taxes and fees.



*Group must be a current customer to receive the two-thirds of unused claims dollars.

ChamberCHOICE at work for small business.

Blue KC has made small business a priority for more than 85 years. We understand the unique challenges you face.

Today's small employers are under constant pressure to mind the bottom line. That's why there's ChamberCHOICE – a suite of hand-picked health insurance products designed in partnership with the Greater Kansas City Chamber of Commerce for small employers across the Kansas City region. Chamber membership is not required to select these plans.

ChamberCHOICE Level Funding Administrative Services Only (ASO) plans provide a great alternative to traditional, fully insured small group health plans. The plans have been designed to be fully funded.

Blue KC will help you evaluate your maximum claims risk and then blend specific and aggregate stop-loss insurance to create level funding you can budget for each month.

ChamberCHOICE works for employers and employees.


ChamberCHOICE offers a packaged combination of plan options for small employers. Offer one plan or as many that fit your needs.

The monthly level-funded money remitted to Blue KC will include:

- Administrative costs and stop-loss insurance
- Claims funding

Your maximum annual claims, including claims run-out liability, are predetermined to create level funding that is easy to administer. Employees can elect the following coverage levels:

- Employee only
- Employee and spouse
- Employee and children
- Employee and family

A woman with long dreadlocks, wearing a light blue button-down shirt and a necklace, is smiling and looking towards the camera. She is in a workshop or office environment with various tools and equipment visible in the background.

The ChamberCHOICE Level Funding ASO plans are easy to administer and comprised of maximum claims funding, administrative services and stop-loss insurance.

ChamberCHOICE - Level Funding ASO Plan Options

For Businesses with 5-99 Employees

With ChamberCHOICE, employers offer six unique Level Funding ASO health plans. Employees then have the freedom to choose the plan that best fits their coverage needs. If an employer opts to offer dental and vision coverage, employees have a choice of three dental/vision plans. ChamberCHOICE Level Funding ASO plans require a minimum of five enrollees to participate.

MEDICAL PLANS	Deductible				Member Coinsurance		Out-of-Pocket Maximum				Copay / Cost-Share per Occurrence						RX Copay / Cost-Share			Deductible Type²
	Network		Out-of-Network		Network	Out-of- Network	Network		Out-of-Network		Network					Network				
	Single	Family	Single	Family			Single	Family	Single	Family	PCP¹	Blue KC Virtual Care Spec App⁵		Urgent Care	ER	Facility / Hospital	TR1/S-G	TR2/S-PB	TR3/S-NPB	
CHOICE PCB PPO \$1,000 (OOPM \$6,500)	\$1,000	\$2,000	\$1,000	\$2,000	10%	30%	\$3,500	\$7,000	\$7,000	\$14,000	\$25	\$0	\$0	\$25	\$100 + Ded/Coins	Ded/Coins	\$15/\$15	\$70/\$100	\$100/\$200	EMB
CHOICE PCB PPO \$2,500 (OOPM \$6,500)	\$2,500	\$5,000	\$2,500	\$5,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000	\$25	\$0	\$0	\$25	\$100 + Ded/Coins	Ded/Coins	\$15/\$15	\$70/\$100	\$100/\$200	EMB
CHOICE PCB PPO \$5,000 (OOPM \$6,500)	\$5,000	\$10,000	\$5,000 \$3,500	\$10,000 \$7,000	20%	40%	\$6,500	\$13,000	\$13,000 \$7,000	\$26,000 \$14,000	\$30	\$0	\$0	\$30	\$100 + Ded/Coins	Ded/Coins	\$15/\$15	\$70/\$100	\$100/\$200	EMB
CHOICE PCB BlueSaver HSA \$3,500 (OOPM \$3,500)	\$3,500	\$7,000			0%	20%	\$3,500	\$7,000			Deductible	Deductible		Deductible			Deductible			EMB
CHOICE BlueSelect Plus³ PPO \$4,500 (OOPM \$4,500)	\$4,500	\$9,000	\$4,500	\$9,000	0%	30%	\$4,500	\$9,000	\$9,000	\$18,000	\$40	\$0	\$0	\$40	\$100 + Ded/Coins	Deductible	\$15	\$70	\$100	EMB
CHOICE BSP³ Spira Care EPO⁴ \$3,000 (OOPM \$3,000)	\$3,000	\$6,000	N/A	N/A	0%	N/A	\$3,000	\$6,000	N/A	N/A	Spira No Charge⁵	Spira No Charge	\$0	Deductible	Deductible	Deductible	\$15	\$50	Deductible	EMB

¹ Primary Care Physicians include General Practice, Family Practice, Internal Medicine, and Pediatrics.

² Embedded - An individual deductible you must satisfy each calendar year before benefits will be paid. Aggregate - The entire family deductible must be satisfied each calendar year before benefits for any person will be paid.

³ A high performing network, BlueSelect Plus, is limited to groups located in the 12-county Kansas City metropolitan area which includes Clay, Jackson, Platte, Cass, Clinton, Dekalb, Johnson, Lafayette, Ray and Caldwell in Missouri, and Johnson and Wyandotte counties in Kansas. The BlueSelect Plus products are only available to employees who live in the 12 county metro area and seek care in the 6 counties of Clay, Jackson, Plate and Clinton in MO and Wyandotte and Johnson In KS.

⁴ Additional coinsurance may apply. EPO plans do not provide coverage for Out-of-Network services except in cases of emergency.

⁵ Only primary care services received at a Spira Care Center are at no charge. All other primary care services available through the BlueSelect Plus network are subject to deductible.

⁶ Applies only when using the Blue KC virtual care. All other visits to an in-network provider are the same as an in office visit.

OPTIONAL DENTAL & VISION PLANS	Vision Plans					Dental Plans						
	Routine Exam	Frames	Std. Plastic Lenses ¹	Contact Lens Exam	Contact Lenses ²	Calendar Year Maximum	Deductible	Diagnostic & Preventative	Basic Services	Major Services	Orthodontics	Non-Participating Providers ⁸
CHOICE Base Vision & Dental	\$0	35% Off Retail	\$50/ ³ 70/ ³ 105	100% Member Responsibility	15% Off Retail / 100%Member Responsibility	\$1,000 Preventative does not apply towards Calendar Year Max	\$50 Individual / \$150 Family Basic	PPO/GRID Providers ⁶ - 100% Choice/GRID+ Providers ⁷ - 100%	PPO/GRID Providers ⁶ - 90% Choice/GRID+ Providers ⁷ - 70%	Not Covered	Not Covered	Diagnostic & Preventative - 80% Basic - 60%
CHOICE Value Vision & Dental	\$0	\$130 Allowance ³	\$10/ ³ 10/ ³ 10	Std. Lens to \$40 Allowance ⁴	\$130 Allowance ⁵	\$1,000 Preventative does apply towards Calendar Year Max	\$50 Individual / \$150 Family Basic& Major	PPO/GRID Providers ⁶ - 100% Choice/GRID+ Providers ⁷ - 100%	PPO/GRID Providers ⁶ - 80% Choice/GRID+ Providers ⁷ - 70%	PPO/GRID Providers ⁶ - 50% Choice/GRID+ Providers ⁷ - 50%	Not Covered	Diagnostic & Preventative - 80% Basic - 60% Major - 40%
CHOICE Buy-up Vision & Dental	\$10	\$150 Allowance ³	\$25/ ³ 25/ ³ 25	Std. Lens to \$40 Allowance ⁴	\$150 Allowance ⁵	\$1,500 Preventative does not apply towards Calendar Year Max	\$50 Individual / \$150 Family Basic& Major	PPO/GRID Providers ⁶ - 100% Choice/GRID+ Providers ⁷ - 100%	PPO/GRID Providers ⁶ - 90% Choice/GRID+ Providers ⁷ - 80%	PPO/GRID Providers ⁶ - 60% Choice/GRID+ Providers ⁷ - 50%	Not Covered	Diagnostic & Preventative - 80% Basic - 60% Major - 40%

¹ Single Vision/Bifocal/Trifocal; ²Conventional/Disposable; ³20% off balance over Allowance; ⁴Premium Lens: 10% off Retail;

⁵ Conventional: 15% off balance >Allowance; Disposable: 100% member responsibility >Allowance; Medically Necessary: \$0 Copay.

See Benefits Summaries for Out-of-Network benefits Limits: Routine Exam: 1 per 12 months; Frames: 1 per 12 or 24 months (check plan details); Standard Plastic Lenses: 1 per 12 or 24 months (check plan details).

⁶ Blue Dental PPO Providers: The preferred network of coverage in the Blue KC service area. Lowest out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID Blue Cross and Blue Shield national network.

⁷ Blue Dental Choice Providers: An additional network of coverage in the Blue KC service area. Higher out-of-pocket costs for covered services. Outside our service area, providers are available through the GRID+ Blue Cross and Blue Shield national network.

⁸ Non-Participating Providers: Seeing a non-participating dentist results in the highest out-of pocket costs for covered services. Members may be responsible for filing claims and may be balanced billed by the non-participating provider.

Billing and Payment

Blue KC Level Funding ASO plans require electronic remittance of all plan funds (monthly maximum claims liability, administrative fees, and stop-loss insurance fees) by the first of the month. If the funds are not received, all claims payments will be put on hold until appropriate funds are received. If remittance is not received by the end of the month, your plan will be terminated (including Stop-Loss Insurance and Administrative Services).

Date	Sample Monthly Billing Cycle for May
April 20	Invoice Generated (viewable in Premium Billing portal)
May 1	May payment due
May 1	May remittance pulled via Electronic Fund Transfer (EFT)
May 10	Blue KC confirms May payment has posted
May 10	If payments have not posted, all claims payments will be immediately pended
May 31	If May payment has not posted, plan will be terminated effective May 1, and May claims will be denied

Note – The first month’s payment will be drafted following the 1st month’s generated invoice. All subsequent payments will be automatically withdrawn via ACH on the 1st of the month.

Important: Self-Funded Plan Group Responsibilities

Offering a Self-Funded Group Health Plan has many unique benefits; however, there are also additional actions and responsibilities. Blue KC recommends that employers work with legal counsel to ensure they are able to fully fulfill the obligations of the Self-Funded Group Health Plan. Below is a list of helpful resources:

- Health Benefits Plan Resource Guide, provided by Blue KC and available at BlueKC.com, or by contacting your Blue KC marketing representative.
- The Employee Benefits Security Administration’s guide, “Understanding Your Fiduciary Responsibilities Under a Group Plan,” available at <http://www.dol.gov/ebsa/publications/ghpfiduciaryresponsibilities.html>.
- The Center for Consumer Information & Insurance Oversight, www.CMS.gov.
- Minimum Essential Coverage Reporting (section 6055) is the responsibility of the Group. More information is available at <https://www.irs.gov/affordable-care-act/questions-and-answers-on-information-reporting-by-health-coverage-providers-section-6055>.

Step 1 – Required to Finalize ASO Rates

Must be completed and received by Blue KC by the 5th of the month PRIOR to the plan effective date.

- ☐ Complete and submit applications (available on the BlueKC.com broker portal)
- Group application for Level Funding ASO
 - Submit completed member applications for Level Funding ASO (available on the BlueKC.com broker portal or through EasyApps)

Step 2 – Required for Final Sale and Group Setup

Must be completed by the 20th of month PRIOR to plan effective date.

- ☐ Complete Level Funding ASO Agreement Packet. Scan and submit to Blue KC. From Step 1:
- Group application for Level Funding ASO
 - Group application for dental, life, and vision (must indicate if declining coverage)
 - Excess health and accident stop-loss coverage application
 - Employer size survey
 - Excess health and accident coverage agreement
 - Administrative services agreement
 - Business associate agreement
 - Group automatic payment authorization for (ACH form)
 - Spira Care disclosure form (if offering a Spira Care product)
- ☐ All finalized employee plan selections

Please Note

Groups will be enrolled in auto-pay by Blue KC

The first month’s payment, and all subsequent monthly payments, will be automatically withdrawn via ACH on the 1st of the month

Notify Blue KC immediately of any banking changes that will impact your automatic withdrawal

Important – If signed applications, agreements and employee plan selections are not received by the 20th, coverage WILL be delayed until the first of the following service period.

Self Funding

As an employer, when you choose to provide a self-funded medical plan, you are responsible for your employees' medical benefits directly. Your company assumes direct risk for the payment of claims filed with your plan. Blue KC Level Funding ASO plans have been specifically packaged for ease of administration and limited risk.

The Medical Plan

Blue KC offers a suite of Level Funding ASO plan designs. You may select up to five plan designs for your employees to choose from. Blue KC will provide a benefit booklet explaining the plan benefits, exclusions, and limitations.

Administrative Services Agreement

Blue KC will manage all claims administration for your medical plan. The Administrative Services Agreement is the contract you will sign authorizing Blue KC to process claims, billing, reporting, enrollment, membership changes, customer services, materials fulfillment, etc.

Stop-Loss Insurance Policy

The Stop-Loss Insurance Policy, also referred to as an Excess Loss Insurance Policy, protects your self-funded group health plan from catastrophic claims incurred by a single covered member (specific stop loss) or overall protections in the event that all of the claims exceed the dollar amount budgeted (aggregate stop loss). Blue KC Level Funding ASO plans include specific stop loss at \$20,000 and aggregate stop loss of 120%. This coverage will be for a 12-month contract period plus an additional 12 month run-out period. Per the ASA, a settlement is calculated 9 months after the 12-month contract period. Group customers must maintain active medical coverage with Blue KC at the time of the settlement calculation to be eligible to receive a surplus. The Stop-Loss Insurance Policy outlines the coverage included with your Blue KC Level Funded ASO plan.

Note – The Stop-Loss Policy is issued by Missouri Valley Life and Health Insurance Company (MVLH), a wholly-owned subsidiary of Blue KC.

Claim Funding

Blue KC Level Funding ASO plans have been specifically designed to determine your maximum claims liability. Once determined, the amount of your maximum claims liability will be remitted by you to Blue KC each month based on enrollment on the 20th day of the prior month. Money not paid out in claims in a given month will roll over. If your claims exceed the aggregate or specific stop-loss thresholds, your Stop-Loss Insurance Policy covers the additional eligible claims.

Year-End Settlement

In the event your plan does not incur the budgeted maximum claims liability, the medical plan will share the benefits of a positive claims experience. Two-thirds of the unused claims funds will be returned to the medical plan and one-third will be retained by Blue KC to help offset administrative costs (deferred administration fee). Settlement reconciliation will occur 9 months post the contract period (plan year). Group customers must maintain active medical coverage with Blue KC at the time of the settlement calculation in order to be eligible to receive a surplus.

Contractual Agreements

As an employer, you are directly responsible for your self-funded medical plan. Any services provided by Blue KC to help administer your plan must be supported by contracts. The following legal documents must be agreed to and signed by both parties.

- Business Associate Agreement (BAA)
- Administrative Services Agreement (ASA)
- Excess Loss Agreement (MVLH)

Financial Responsibility

The PCORI fee applies to specified health insurance policies with policy years ending after September 30, 2012, and before October 1, 2029, and applicable self-insured health plans with plan years ending after September 30, 2012, and before October 1, 2029.

This guide was created to provide a quick overview of how the Blue KC Level Funding ASO plans function. These are self-funded plans designed specifically for the needs of small employers. Comprised of maximum claims funding, Administrative Services and Stop-Loss Insurance, the Blue KC Level Funding ASO plans are easy to administer. Group customers must maintain active medical coverage with Blue KC at the time of the settlement calculation in order to be eligible to receive a surplus.



Please note fixed costs include administration fees and Stop-Loss Insurance premiums.

2025 Small Group Product Guide

For Businesses with 2-99 Employees

The time is right. The options are many.

Empower your employees with the Blues, and they'll have coverage that fits their lives—and helps keep them happy, healthy, and productive.

For more information on your options, visit us at BlueKC.com.
Prefer to talk in person? Call your broker or contact a small group Blue KC representative at 816-395-2939.



Kansas City

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